

## USER'S GUIDE

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This section is a detailed user's guide to essential system functions. It provides examples to illustrate system capabilities and describes how users can access the system appropriately. Although it contains information which appears in other sections of this document, this section particularly focuses on user screens and functions designed to resolve duplicate claims.

### 1.0. AUTHORIZED USERS

The Duplicate Claims System distinguishes among three groups of users:

Contractors are the primary users. They have read/write access to the data. They use the system to resolve claim sets by viewing potential duplicate claims, identifying actual duplicates, and monitoring recoupment activities.

Government/TMA personnel access the system to monitor duplicate claims resolution activities, generate management reports, and evaluate contractor performance. These users have read-only access to the system.

The third group of users are a very limited number of TMA staff who have read/write access to the system.

### 1.1. Contractor Users

Contractors are required to use the system. Each contractor has limited access to the claim sets in the database. In general, this means that contractors have access only to their own claim sets, i.e., containing claims they processed and for which they submitted HCSRs. The system uses the **Owner FI** field to maintain this control of sets. The system uses two other fields to refer to a specific contractor. These fields are discussed below:

#### 1.1.1. Processing FI

This field refers to the contractor who processed the claim and submitted the associated HCSR. This field never changes.

#### 1.1.2. Responsible FI

This field refers to the contractor who currently is responsible for a specific claim in a claim set. In most instances, the Responsible FI will be the contractor who processed the claim. However, if the Processing FI is no longer responsible for this claim (e.g., due to a contractor transition), the Responsible FI will be a different contractor. This field cannot be changed by a contractor.

(See [Section 7](#), Mass Change Function for Contract Transitions, for an explanation of how the system uses the mass change function to reassign the Responsible FI for existing claims in the system following a change in contractors.)

### 1.1.3. Owner FI

The **Owner FI** identifies the contractor responsible for (i.e., “owns”) a set. Initially, the Owner FI is assigned by the system during the loading of the claim set. The system looks at all of the claims in the set and selects the contractor who submitted the claim with the most recent processed-to-completion date. In most instances, a single contractor will have submitted all the claims in the claim set so the **Owner FI** field is used only to establish the connection between the set and a specific contractor. However, if more than one contractor processed and submitted the claims in a set, the system determines which contractor submitted the most recent claim. This contractor is designated as the Owner FI and becomes responsible for the resolution or transfer of the claim set. Under certain circumstances during a contractor transition or during the resolution of a multi-contractor claim set, the Owner FI may change. See [Section 6](#), Multi-Contractor Claim Sets, and [Section 7](#), Mass Change Function for Contract Transitions, for additional details.

## 1.2. Government/TMA Users

The TMA is responsible for a number of contract administration and evaluation activities, including the monitoring of contractor duplicate claim resolution activities. TMA personnel use the Duplicate Claims System to generate management reports and monitor contractor performance. The TMA will audit claim sets in the various stages of the claim set life cycle. For example, Validate claim sets may be periodically audited to verify that complete refunds of identified recoupment amounts could not be collected. Closed claim sets containing non-duplicates may be audited to verify that all of the claims in the set were not duplicates. Pending claim sets may be audited to verify compliance with recoupment requirements and timeliness standards.

The Duplicate Claims System provides the TMA with the capability to audit contractors for compliance with system requirements governing “ownership” transfers of multi-contractor sets, the selection of accurate and appropriate reason codes, and the adequacy of the explanations entered into the system for any of the above. In short, any and all aspects of using the Duplicate Claims System, its data, and its output are subject to audit by TMA or other Government auditing personnel. The TMA is also responsible for initiating data administration and system maintenance activities associated with extracting and loading HCSRs to the Duplicate Claims System and for performing mass change functions for contractor transitions.

### 1.3. Selected TMA Personnel

A limited number of TMA personnel have read/write access to the system. These personnel use their read/write access for system and data integrity management purposes.

## 2.0. REQUIREMENTS FOR ACCESSING THE SYSTEM

User access to the system is controlled by security procedures which require an individual to have access to the Government’s servers and the Duplicate Claims System.

Security procedures require a valid user ID and password. The application software for the Duplicate Claims System must also be installed on each user PC.

## **2.1. User ID and Password**

A critical component of system security is the assignment of unique user identification numbers (IDs) and passwords for each individual authorized to access the system. Two levels of password security are incorporated into the system, one at the Duplicate Claims System application level and one at the Duplicate Claims Database level.

Individual users at contractor and TMA sites have the capability to define their own passwords for accessing the Duplicate Claims System. Users can change these passwords at any time. User IDs and passwords at the application level are linked by the system to database level IDs that identify authorized users. Database level IDs are not known to users. (See [Section 9, paragraph 2.5.](#), Password Requirements, for additional information.)

As previously stated, the system allows access to those functions authorized and associated with particular user IDs. For example, contractors are permitted access only to those potential duplicate claim sets for which they are the Owner FI. Also, they are permitted to generate reports based only upon their own data. The same restriction to accessing data applies to the downloading function. TMA users are authorized to access claim sets for any and all contractors. Additionally, they have access to a number of administrative functions, such as generating management reports containing the aging of claims in the aggregate, by region, or by specific contractor.

## **2.2. Signing On to the System**

User sign-on is directed by a screen that queries the user for an ID and password. The user ID determines what level of access is permitted and what data (claim sets) can be viewed. Once a valid user ID and password are entered, connection to the Duplicate Claims System is made.

**2.2.1.** The claim set life cycle and the resolution of duplicate claim sets begin when contractors sign on to the Duplicate Claims System to view and examine potential duplicate claims (See [paragraph 2.0.](#), Criteria Used to Select Potential Duplicate Claims, for a description of the claims selection criteria). Through menus, contractors can define parameters to create a filter for the types of claim sets they want to view. For example, a contractor can establish a filter to:

- 2.2.2.** View only institutional or non-institutional claim sets
- 2.2.3.** Display a specific claim set, e.g., by set number or sponsor SSAN
- 2.2.4.** View claim sets by status, e.g., Pending
- 2.2.5.** View sets with HCSR adjustments
- 2.2.6.** View claim sets associated with a specific region/contract
- 2.2.7.** View multi-contractor claim sets

## **2.2.8. View claims sets within a range of processed-to-completion dates**

Additional details about the choices available to users are provided in V.C.4, the Duplicate Claims System Menu Bar.

## **2.3. Accessing Claims Data**

The Duplicate Claims System uses the **Owner FI** field to identify and limit access to claims data. The Owner FI is responsible for resolving the claim set. The system allows only the Owner FI to view the claim set and enter data to resolve the set. The Owner FI is solely responsible for researching and resolving the claim set. No other contractor can view or access a claim set owned by another contractor.

## **3.0. USER SCREENS**

Four user screens display HCSR data, permit users to enter resolution data, and provide feedback to users on the rules of resolution.

### **3.1. Becoming Familiar with the Screens**

**3.1.1.** Each claim set uses multiple screens to display data. All sets have a CLAIM SET SCREEN and a CLAIM DETAIL SCREEN. If the set is composed of non-institutional claims, it also has a LINE ITEM DETAIL SCREEN. If the set has associated HCSR adjustments, the set also has an ADJUSTMENT DETAIL SCREEN.

**3.1.2.** Normally, the first screen to be displayed will be the CLAIM SET SCREEN. This screen reflects the current date and labels the set as either an institutional or non-institutional set. The top section of the screen contains the menu bar for initiating a number of user functions. Below the menu bar, in the upper box of the screen, the set is identified by its set number, status, match type, owner FI, and owner region. Totals of individual claim recoupment amounts are also displayed in the upper section. In the lower box of the screen, claim-level data extracted from HCSR records is displayed along with user-controlled fields for indicating which claims are duplicate payments and the amount to be recouped for each duplicate claim.

**3.1.3.** At the bottom of the CLAIM SET SCREEN is a **CLAIM DETAIL** button which allows the user to move to the CLAIM DETAIL SCREEN. Once in the CLAIM DETAIL SCREEN, the user can click on a **CLAIM SET** button to move back to the CLAIM SET SCREEN.

**3.1.4.** The top of the CLAIM DETAIL SCREEN contains a box with set information. The claim-level box displays claim-level detailed data. Note that left and right arrows and a scroll bar appear on the bottom of the data box to allow the user to scroll through this data. There are 46 claim-level fields shown for each claim.

**3.1.5.** If a claim set contains non-institutional claims, there will be a **LINE ITEM** button at the bottom of the CLAIM SET SCREEN and the CLAIM DETAIL SCREEN to allow the user to move to the LINE ITEM DETAIL SCREEN.

**3.1.6.** Note that the LINE ITEM DETAIL SCREEN has a sort function above the Owner Region heading. The black dot in the diamond to the left of the **Unsorted** label indicates that the display is in ICN order (i.e., all line items from one claim are shown before all line items from the next claim are shown) and not sorted by the matching fields of each claim. If the display contains more than two line items, it may be helpful to sort the display by matching line items.

**3.1.7.** If a claim set has any adjustments corresponding to institutional claims or non-institutional line items in the set, there will be an **ADJUST DETAIL** button shown on the bottom of all screens. This button allows the user to move to the ADJUSTMENT SCREEN.

**3.1.8.** Note that the top box (i.e., set box) on the ADJUSTMENT SCREEN containing set information is identical to the set box on the CLAIM SET SCREEN, including the **RESOLVE** button.

The bottom section displays adjustment data for each adjusted claim. If there are more than four adjustments in the set, the vertical scroll bar can be used to display additional adjustments. This section displays HCSR data, including claim ICN and suffix, HCSR line item and procedure code, and the allowed amount of the adjustment (not to be confused with the Government paid amount).

**3.1.9.** All screens were designed to display relevant information to facilitate claims resolution. Note that claims data is displayed so that:

**3.1.9.1.** Extracted data from the HCSR database and claim-specific data created by the system appear in black.

**3.1.9.2.** The total amounts calculated by the system appear in red.

**3.1.9.3.** Data in user-controlled fields appear in blue.

**3.1.9.4.** ICNs and suffixes which represent claims in multiple sets appear in white on the set screen.

As explained in the preceding paragraphs, user screens have been designed to display claims data and associated adjustments and also provide for user entry of claims resolution information, i.e., 'Y'/'N' in Dupeflag, reason code, amount identified for recoupment. User screens also display information about the set, showing the set number, set status, match type, Owner FI, and Owner Region.

All screens also display movement buttons on the bottom of the screen to enable a user to move to another screen of the same set or to move to the first, next, previous, or last set of the contractor's full or restricted "view" of sets. A contractor will have full view of all the sets for which the contractor has been assigned as the Owner FI if no restricted views (via the View function of the menu bar) have been set by the contractor. If, however, the contractor uses the View function to request a restricted view of, for example, only Pending institutional sets with an exact match, the contractor will see only those sets. (See [paragraph 4.1](#), Menu Bar, describing the View function of the menu bar for additional information on restricting the sets to be displayed.)

There are four screens that display information about a set:

- Claim Set Screen
- Claim Detail Screen
- Line Item Detail Screen (Non-institutional sets only)
- Adjustment Screen (Sets with adjustments)

### 3.2. Claim Set Screen

The CLAIM SET SCREEN displays general information about the claim set and the individual claims within the set. It is considered to be the first screen in each set. As shown in [Figure 11-5-1](#), Sample CLAIM SET SCREEN (on the following page), this screen displays system-calculated totals of the amount identified for recoupment, amount actually recouped, and adjustment amount. Note that these totals are calculated from the entries the user made on the claim lines below the totals.

#### 3.2.1. RESOLVE and UNRESOLVE Buttons

The screen also contains the **RESOLVE** ("RESOLVE THE SET") button if the set has an Open or Pending status or the **UNRESOLVE** ("UNRESOLVE THE SET") button if the set has a Closed or Validate status. It also displays the load date and the set count of the current set versus the total number of sets in the contractor's full or restricted view of sets, e.g., "53 of 3333", meaning the current set is the 53<sup>rd</sup> set of a total of 3,333 sets in the current view.

#### 3.2.2. Set Recoupment Amounts

As noted above, the system-calculated totals of the amounts identified for recoupment, amounts actually recouped, and adjustment amounts for this set are based on the entries made by the user in the claim-level section of this screen and the ADJUSTMENT SCREEN. This section has headers that read: **Dupe?**, **Reason Code**, **Identified Recoup**, **Actual Recoup**, **ICN**, **Suffix**, **Sponsor SSAN**, and **Resp FI**. Of these eight fields, four are designated as user entry fields and four are designated as read-only HCSR data fields. Specifically, the user-entry fields provide for entry of a 'Y' or 'N' in the **Dupeflag** field to indicate if the claim is an actual duplicate payment or a non-duplicate, along with a valid reason code to explain why this determination was made. It also provides for user entry of specific claim recoupment activity to indicate the amount identified for recoupment and the amount actually recouped for each claim identified as an actual duplicate payment.



FIGURE 11-5-1 SAMPLE CLAIM SET SCREEN

TRICARE - [CLAIMS RESOLUTION]

File View Locate Modify Report Utility Help

**CLAIM SET SCREEN** 02/25/1997 9:41:29 AM

Protected by the Privacy Act of 1974 INSTITUTIONAL

Number	Status	Match Type	Owner FI	Owner Region
SET: 3	Closed	E	38	Western

Total Amt Ident Recoup:	\$1,210.00	UNRESOLVE THE SET	<u>Load Date:</u> 01/06/1997 3 of 82745
Total Amt Actual Recoup:	\$1,210.00		
Total Allowed HCSR Adj:	\$1,214.81		

Dupe ?	Reason Code	Identified Recoup	Actual Recoup	ICN	Suffix	Sponsor SSAN	Resp FI
Y	D100	\$1,210.00	\$1,210.00	19941114900908	A	999999999	38
N	BASE	\$0.00	\$0.00	19941114900908	B	999999999	38

CLAIM DETAIL ADJUST DETAIL

DCSDATA:DCSET.DB Edit

### 3.2.3. Claim-Level Data

The fields in the claim-level data section are described below:

**Dupe ?** (Dupeflag) - must be a 'Y' for actual duplicate payment or 'N' for non-duplicate

**Reason Code** - must be a valid reason code for the 'Y' condition (e.g., erroneous dupe override, jurisdictional error) or the 'N' condition (e.g., twins, different service)

**Identified Recoup** - amount identified for recoupment

**Actual Recoup** - amount actually recouped

**ICN** - the individual claim number

**Suffix** - suffix of the claim

**Sponsor SSAN** - sponsor social security number of the claim

**Resp FI** - FI responsible for resolving this claim (either the processing FI who remains currently responsible for correcting any errors associated with the claim or another FI who, as a result of a contractor transition, is currently responsible for this claim).

The Responsible FI for each claim may or may not be the same as the Owner FI. Refer to [paragraph 1.1.](#), Contractor Users, for further explanations of these fields and [Section 7](#), Mass Change Function for Contract Transitions, for information regarding mass changes.

It should be noted that the Duplicate Claims System defines a “claim” as an ICN plus the HCSR suffix plus a unique time stamp. This is important, since two claims with the same ICN but with different suffixes may appear as potential duplicates of each other in a claim set. This is because the Duplicate Claims System treats different suffixes of the same ICN as unique claims.

#### 3.2.4. Action and Movement Buttons

Each screen contains several buttons that allow a user to move from set to set and screen to screen, and also to change the status of a set.

**3.2.4.1.** The **RESOLVE THE SET** button allows the contractor to invoke the rules of resolution to determine if the set can be resolved to a Closed or Validate status. If the set is already resolved, the button will read “UNRESOLVE THE SET”. In this situation, the button can be used to unresolve the set to a Pending or Open status.

**3.2.4.2.** The **UPDATE CHANGES** button allows a contractor to update the Duplicate Claims Database with newly entered data. It is a “smart” button in the sense that it only appears on the CLAIM SET SCREEN and the ADJUSTMENT SCREEN after new data has been entered on either screen.

**3.2.4.3.** Screen movement buttons are those labeled with a specific screen name. For example, the button labeled CLAIM DETAIL allows the user to move to the CLAIM DETAIL SCREEN. The button labeled ADJUST DETAIL will only appear if there is an ADJUSTMENT SCREEN for the set.

**3.2.4.4.** VCR buttons are shown at the bottom of all screens. They allow the user to move from one set to another set, e.g., to previous set, to the next set, to the last set. The < button moves the user to the previous claim set, the > button moves the user to the next claim set, the |< button moves the user to the first claim set, and the >| button moves the user to the last claim set available to the user.

The screen movement buttons at the bottom of each screen are claim set dependent. In other words, the buttons appear when there is a screen associated with that set. For institutional claims, a **CLAIM SET** button will be visible along with a **CLAIM DETAIL** button. For non-institutional claims, a **LINE ITEM DETAIL** button will appear as well as CLAIM SET and CLAIM DETAIL buttons. If there are adjustments for any of the claims or line items in the claim set, an **ADJUSTMENT DETAIL** button will appear to notify



a user that an associated adjustment exists for this set and to enable the user to move to the **ADJUSTMENT SCREEN** to see the adjustments.

### 3.3. Claim Detail Screen

This screen displays additional HCSR data about each claim in the claim set. No data may be changed and no data is entered on this screen. The data displayed is “read-only” and is provided to assist contractors in the research process. The CLAIM DETAIL SCREEN shown in [paragraph Figure 11-5-2](#), Sample CLAIM DETAIL SCREEN (on the following page), displays 46 fields of HCSR and Duplicate Claims System data. This screen shows the following fields for institutional and non-institutional claims in a claim set:

Claim ICN	HCSR Suffix
Time Stamp	Billed Amount
Allowed Amount	Government Paid Amount
Sponsor Social Security Number	DEERS Dependent Suffix
Patient Date of Birth	Patient Name
Patient Age	Patient Zip Code
Patient Region	Provider Tax ID
Enrollment Status	Provider Zip Code
Provider Sub-ID	Provider Region
Provider Specialty	Provider Affiliation Code
Type of Institution Code	Institution Admission Date
Institutional Care Begin Date	Institutional Care End Date
Diagnosis	DRG Code
Discharge Disposition Code	Responsible FI Code
Processing FI Code	Responsible Contract Number
Processing Contract Number	Processed to Completion Date
Cycle Number	Batch Sequence Number
Voucher Sequence Number	Billing Frequency Code
Program Indicator	Mass Change Level
Covered Indicator	Risk Indicator
Claim Match Type Code	Duplicate Flag (Dupe ?)
Reason Code	Identified Recoupment Amount
Actual Recoupment Amount	HCSR Adjustment Allowed Amount

Because all of these fields cannot be displayed across the width of one screen, the system provides a scroll bar and left and right arrow buttons at the bottom of the window to permit viewing all of the fields available.

FIGURE 11-5-2 SAMPLE CLAIM DETAIL SCREEN

**CLAIM DETAIL SCREEN**  
*INSTITUTIONAL*

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SET:	Number	Status	Match Type	Owner FI	Owner Region
46	46	Open	D	45	Southcentral

Billed Amount	Allowed Amount	Govt Pd Amount	Sponsor SSAN	DDS	DOB	Name
\$5,346.00	\$6,358.00	\$6,174.30	000000000	01	10/22/1975	CLINTON, JEFFERSON
\$8,036.40	\$9,416.40	\$9,165.90	000000000	01	10/22/1975	CLINTON, JEFFERSON
\$3,595.20	\$3,871.20	\$3,771.00	000000000	01	10/22/1975	CLINTON, JEFFERSON

CLAIM SET      ADJUST DETAIL      [Navigation Buttons]

Edit      Locked

### 3.4. Line Item Detail Screen

This screen displays additional details about each non-institutional line item in the claim set. The LINE ITEM DETAIL SCREEN shown in [Figure 11-5-3](#), Sample LINE ITEM DETAIL SCREEN (on the following page), displays 11 fields containing the following line item information about each potential duplicate line item in the set:

ICN	HCSR Suffix
Line Item Number	Line Item Match Type Code
Procedure Code	Place of Service Code
Type of Service Code	Service Begin Date
Service End Date	Billed Amount
Allowed Amount	

This screen also has two diamond-shaped buttons just above the set information line to use for sorting (i.e., by procedure code) or unsorting (i.e., by ICN) the line items displayed. Sorting may be helpful when there are more than two line items in the set. As with the data displayed on the CLAIM DETAIL SCREEN, the data on the LINE ITEM DETAIL SCREEN are extracted from the HCSR and are read-only fields which cannot be modified. They are

displayed in the LINE ITEM DETAIL SCREEN to provide additional information about each line item in the set in order to facilitate contractor research.

**FIGURE 11-5-3 SAMPLE LINE ITEM DETAIL**

**PFW Runtime - [CLAIMS RESOLUTION]**

File View Locate Modify Report Utility Help

**LINE ITEM DETAIL SCREEN**

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Sorted Unsorted

Number	Status	Match Type	Owner FI	Owner Region
SET: 190	Open	O	45	Southeast

ICN	S	L	M	Proc. Code	Place Serv.	Type Serv.	Begin Date	End Date	Billed Amount	Allowed Amount
19942550147859	A	1	O	95810	11	O1	08/09/1994	08/10/1994	\$900.00	\$265.72
19942620113857	A	1	O	95810	11	O1	08/09/1994	08/10/1994	\$2,287.00	\$664.30

CLAIM SET CLAIM DETAIL

Edit

### 3.5. Adjustment Screen

This screen displays associated HCSR adjustments for each institutional claim or non-institutional line item in the claim set. It also provides for user entry of a 'Y' or 'N' in a flag field to indicate which adjustment(s) are associated with the recoupment(s) of actual duplicate payments.

The ADJUSTMENT SCREEN displays the following HCSR data and Duplicate Claims System data fields:

HCSR Adjust Flag

ICN

Adjustment PTC Date

Allowed Amount

Responsible FI

HCSR Suffix

HCSR Line Item Number

Procedure Code

Care Begin Date



An ADJUSTMENT SCREEN for an institutional claim claim sets appears in [Figure 11-5-4](#), Sample Institutional ADJUSTMENT SCREEN (below). The ADJUSTMENT SCREEN for non-institutional claim sets (as shown in [Figure 11-5-5](#), Sample Non-Institutional ADJUSTMENT SCREEN (on the following page)) also displays the appropriate HCSR line item number and associated procedure code.

**FIGURE 11-5-4 SAMPLE INSTITUTIONAL ADJUSTMENT SCREEN**

**ADJUSTMENT SCREEN**

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**INSTITUTIONAL**

**SET:** Number: 66811 Status: Open Match Type: E Owner FI: 06 Owner Region: Region 6

Total Amt Ident Recoup: \$0.00  
Total Amt Actual Recoup: \$0.00  
Total Allowed HCSR Adj: \$0.00

**RESOLVE THE SET**

**Load Date**  
01/02/1997  
1207 of 1328

HCSR Adjust?	HCSR ICN	Suffix	HCSR Line#	Adjust PTC Date	Proc Code	Allowed Amount	Care Begin	Resp FI
	19960802229501	A	0	09/27/1996		(\$31,980.00)	11/10/1995	06

**CLAIM SET** **CLAIM DETAIL** **Edit**

Note that for institutional claims, the HCSR line item number will be zero (0) and the procedure code will be blank. Also, the care begin date reflects the claim level begin date for institutional claim adjustments and the line item service date for non-institutional line item adjustments.

The ADJUSTMENT SCREEN displays ICNs and suffixes for all adjusted claims in the set. For each adjustment, a user can view the adjustment date, the allowed amount, and the Responsible FI. The user may enter a 'Y' in the **HCSR Adjust?** flag field to link the adjustment to an actual duplicate claim for which recoupment has been received.

FIGURE 11-5-5 SAMPLE NON-INSTITUTIONAL ADJUSTMENT SCREEN

TRICARE - [CLAIMS RESOLUTION]

File View Locate Modify Report Utility Help

## ADJUSTMENT SCREEN

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**NON-INSTITUTIONAL**

Number	Status	Match Type	Owner FI	Owner Region
SET: 905	Open	O	06	Region 6

Total Amt Ident Recoup:	\$0.00	RESOLVE THE SET	<u>Load Date</u> 01/07/1997 196 of 19447
Total Amt Actual Recoup:	\$0.00		
Total Allowed HCSR Adj:	\$0.00		

HCSR Adjust?	HCSR ICN	Suffix	HCSR Line#	Adjust PTC Date	Proced Code	Allowed Amount	Care Begin	Resp FI
	19942414884629	A	4	02/08/1996	80006	(\$101.00)	05/28/1994	06
	19942414884629	A	5	02/08/1996	82565	(\$45.00)	05/28/1994	06
	19942414884629	A	6	02/08/1996	85007	(\$33.75)	05/28/1994	06
	19942414884629	A	7	02/08/1996	85027	(\$27.25)	05/28/1994	06

CLAIM SET CLAIM DETAIL LINE ITEM

Navigation buttons: Previous, First, Last, Next

Edit

#### 4.0. USER TOOLS FOR NAVIGATING AROUND THE SYSTEM

The buttons, scroll bars, shading, colors, menu bar, and pull-down menus appearing on each screen are easy to use. Users navigate among the system screens and perform resolution functions by using the various menus, buttons and dialog boxes built into the system.

##### 4.1. Menu Bar

The menu bar is at the top of each user screen. The menu bar contains seven selections which can be activated by a single click of the mouse.

##### 4.1.1. File

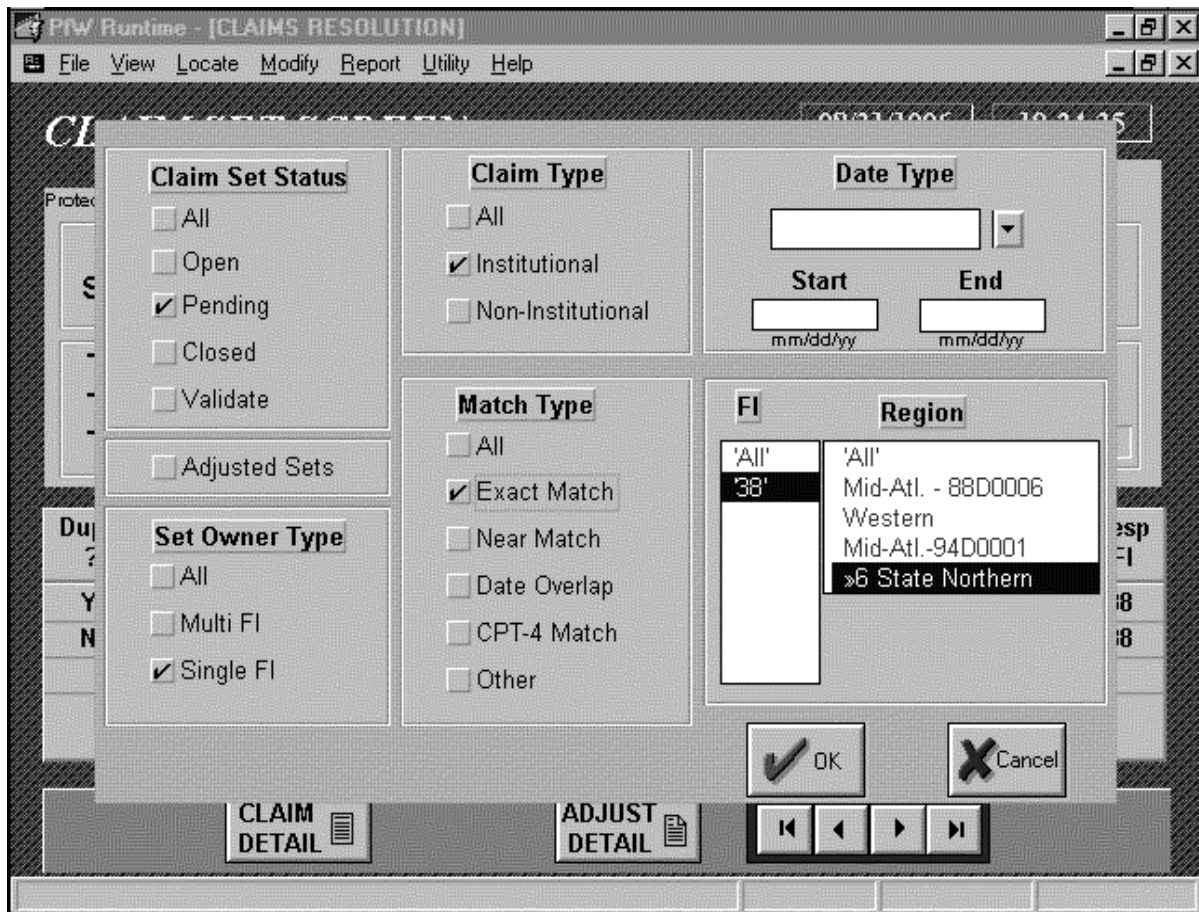
The File function contains three choices: Printer Setup to change printer set-ups, Print to generate a report containing all of the data in the current set, and Exit to exit the system and return to the Main Menu. Users should be aware that the Print choice will print out a report of the data appearing on the screens for the current set. Where no data exists,



such as line item data for an institutional set, the report will print a blank Line Item Detail page. Where no adjustment data exists, the report will print a blank Adjustment Detail page.

#### 4.1.2. View

**FIGURE 11-5-6 VIEW FUNCTION**



The View function, shown in [Figure 11-5-6](#) (above), allows users to “Set a view”, i.e., to restrict their view of claim sets which satisfy parameters defined by the user. Users can pick and choose the types of sets they wish to view by clicking on the various buttons appearing on the view pull-down menu. Some of the views users can create include:

- 4.1.2.1. Only single contractor sets.
- 4.1.2.2. Only Multi-contractor sets.
- 4.1.2.3. Sets associated with a specific region or contract.
- 4.1.2.4. Only institutional or non-institutional sets.
- 4.1.2.5. Sets selected by a specific match criteria (e.g., near match).

**4.1.2.6.** Only sets in Open or Closed status.

**4.1.2.7.** Sets with adjustments.

**4.1.2.8.** Only sets loaded during the current month.

Additional set views may be created by clicking on two or more buttons. For example, a Region 6 or TMA user could click on the appropriate buttons and view only sets with an Open status which meet the exact match criteria for Region 6.

The message "A View is Set!" is displayed on the CLAIM SET SCREEN when a user has successfully set a view to remind the user that a restrictive view is in effect. The View function also allows users to "Clear a view".

**4.1.3.** Locate

The Locate function provides a means for quickly finding and viewing specific sets by specifying a:

**4.1.3.1.** Claim Set number

**4.1.3.2.** Claim ICN

**4.1.3.3.** Sponsor SSAN

When the user selects Locate Value from the Locate menu bar, a pull-down menu appears from which the user can choose a claim set number, ICN, or sponsor SSAN. Once one of the choices is selected, the user enters the desired number in a value box and clicks the **OK** button. After a few moments, the system will display the first set meeting the criteria selected.

If a user selects a specific claim set by set number on the pull-down menu (e.g., Claim Set 25), the system will display only the set with the number "25". If a user enters a specific sponsor SSAN or ICN, there may exist other sets in the system which contain claims with the same sponsor SSAN or ICN. If multiple sets exist in the database which contain the same ICN or sponsor SSAN, two options on the Locate pull-down menu become active, i.e., "Locate Next" or "Locate Previous", allowing the user to go to the next or previous claim set containing that ICN or SSAN.

For example, if a user wants to see all of the sets with claims containing sponsor SSAN "123456789", the user will select the "Sponsor SSAN" and enter "123456789" in the value box on the Locate Value pull-down menu. The system will display the first set containing a claim with a sponsor SSAN of "123456789". After viewing this set, the user can again select the Locate function on the menu bar. If additional sets containing this SSAN exist in the database, the Locate Next option on the pull-down menu is activated. If selected, the system will bring the second set containing sponsor SSAN "123456789" into view. The user may continue to request the next claim set until no more are found in the system.

Likewise, if the Locate Previous button is selected, a previous claim set containing the selection criteria will be displayed. The user may continue to request previous claims sets

until no more are found in the system. The user can move between claims sets by using the **NEXT** and **PREVIOUS** options.

#### 4.1.4. Modify

The **M**odify function enables a contractor to change the **Owner FI** field in a multi-contractor claim set or assign a contract/region to a multi-contractor claim set once transferred.

Each contractor will see two options in this function: **Owner FI** and **Owner Region**. The **Owner FI** can select the **Owner Region** option to change the owner region assigned to the set. If the set is a multi-contractor set, the **Owner FI** also can select the **Owner FI** option to change the **Owner FI** to the other/another contractor (**Responsible FI**). If a set is transferred to a new **Owner FI**, the new **Owner FI** can select the **Owner Region** option to select the correct owner region.

The **M**odify function also has a **G**OVERNMENT option for a select group of TMA staff. This option is not visible to contractor users and to most TMA users. The **G**OVERNMENT option has a **S**tatus function that allows authorized TMA users to change the status of a set.

#### 4.1.5. Report

The **R**eport function offers a selection of report and graph formats. See [Section 8](#), Reports and [Addendum E](#), Report Descriptions and Examples, for a description of the available reports and detailed instructions on using the **R**eport function.

#### 4.1.6. Utility

The **U**tility function enables a user to:

**4.1.6.1. View M**odify FI Explanation - View (but not edit) explanations given for changing the **Owner FI** field in multi-contractor sets.

**4.1.6.2. View V**alidate Explanation - View explanations entered for validate claim sets and edit these explanations.

**4.1.6.3. D**ownload - Initiate a download of data to a local PC for ad hoc query and reporting purposes.

**4.1.6.4. U**ppdate Password - Change application passwords.

#### 4.1.7. Help

The **H**elp function enables a user to access an on-line help system which provides detailed assistance with system functions and procedures. Additionally, a user can right-click the mouse on certain fields to access a brief definition or explanation of the field.

## 4.2. Finding Claims in Multiple Sets

It is important to note that the Duplicate Claims System makes a distinction between a claim and an ICN. A claim contains an ICN plus a HCSR suffix plus a time stamp. Since the Duplicate Claims System considers claims with the same ICN but with different suffixes as unique claims, an ICN can appear in multiple sets. For instance, if the Duplicate Claims System identified three potential duplicates containing the same ICN but with suffixes "A", "B", and "C", three claims will appear since the system recognizes each as a unique claim. Depending on a number of additional factors, these three claims could appear in one, two, three or more claim sets. As a result, users should not assume that there will always be only one claim per ICN. A user who accesses the **Locate** function to find a particular claim should pay attention to the HCSR suffix, and should continue to view additional sets by using the **Locate Next** and **Locate Previous** options until all instances of the ICN and HCSR suffix are viewed and the correct claim and set(s) are located for the intended purpose.

The system alerts users when a claim appears in multiple sets. When a claim appears in more than one set, the ICN and suffix appears on the CLAIM SET SCREEN in white print. If a claim does not appear in other sets, the ICN and suffix will be in black print. A user wishing to move to the next set containing the claim with the same ICN and suffix can double click on the ICN. A dialog box will appear with **Locate Next** and **Locate Previous** options. The user can select either option and the system will display the requested set(s).

## 5.0. USER ENTRY OF DATA TO RESOLVE CLAIM SETS

The Duplicate Claims System facilitates the resolution of duplicate claims by minimizing the amount of data that must be entered by users. It also provides an easy-to-use environment for data entry.

**5.1.** The entry of data by FIs and contractors is limited to five fields. Four fields appear in the CLAIM SET SCREEN and one field in the ADJUSTMENT SCREEN, as described below:

**5.1.1.** On the CLAIM SET SCREEN, the contractor may enter:

**5.1.1.1.** 'Y' or 'N' in the **Dupeflag** field.

**5.1.1.2.** A reason code selected from lists built into the system, and a supplemental explanation where necessary. (See [Addendum B](#), Reason Codes).

**5.1.1.3.** An identified recoupment amount for each actual duplicate identified.

**5.1.1.4.** An actual recoupment amount when refunds or offsets are collected.

**5.1.2.** On the ADJUSTMENT SCREEN, the contractor may enter a 'Y' in the HCSR Adjustment (HCSR Adjust?) field for any claim that has an adjustment displayed on the screen. Note that the adjustment allowed amount, which corrects a duplicate condition and resolves a claim set, appears as a negative number in parenthesis. When adjustments are selected in the system, the negative allowed amounts are converted to a positive value when they are added to the **Total Allowed HCSR Adj** field and used by the rules of resolution to resolve claim sets.

**5.2.** After entering data on a CLAIM SET SCREEN or ADJUSTMENT SCREEN, a contractor will notice that the **UPDATE CHANGES** button appears. The contractor should click the **UPDATE CHANGES** button to see if a change in status will occur as a result of the newly entered data. Upon clicking the button, the user will be prompted to select one of the following:

- 5.2.1.** 'Yes' to commit to the database the changes just made
- 5.2.2.** 'No' to rollback all the changes just made
- 5.2.3.** 'Cancel' to cancel this operation and go back to the screen

If the user moves off a claim set, (by clicking one of the **VCR** buttons or by using the **View** or **Locate** functions) after entering data, but before clicking on the **UPDATE CHANGES** button, the changes will be automatically sent to the database and the set will be updated.

**5.3.** In invoking the rules of resolution by clicking on the **RESOLVE** or **UPDATE CHANGES** button, the user instructs the system to look at the values in the three amount fields shown on the CLAIM SET SCREEN and the ADJUSTMENT SCREEN. The three amount fields are:

- 5.3.1.** Total Amount Identified for Recoupment (computed from the sum of the amounts the user enters at the claim level on the CLAIM SET SCREEN).
- 5.3.2.** Total Amount Actually Recouped (computed from the sum of the amounts the user enters at the claim level on the CLAIM SET SCREEN).
- 5.3.3.** Total Allowed HCSR Adjustment Amount (computed from the sum of the HCSR allowed amount adjustments flagged with a 'Y' in the HCSR Adjustment (HCSR Adjust?) field on the ADJUSTMENT SCREEN).

The system applies the totals in these three fields to the rules of resolution and determines if other data elements entered by the user satisfy the rules of resolution for a Closed or Validate claim set status. See [Section 2, paragraph 5.0.](#), Resolving a Duplicate Claim Set, for a description of the rules governing the resolution of claim sets in the system, and [Figure 11-4-1](#), Rules of Resolution, for a flow diagram of these rules.